	in this information to the store that the store tha	to identify your ca Sheila Willia										
		Shella Willia	ims			_						
	btor 2 buse, if filing)	-				_						
Uni	ited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4	_						
		-12960					Check if this i	s:				
(IT KI	nown)						An amend	J				
									ng postpetition following date:			
0	fficial Form	1061					MM / DD/ YYYY					
S	chedule I:	Your Inc	ome							12/15		
spo atta	use. If you are sep ch a separate she	parated and you	are married and not filing wing spouse is not filing wing wing the top of any additions.	th you, do not inclu	de infori	nati	on about your sp	ouse. If n	nore space is	needed,		
1.	Fill in your employment information.			Debtor 1			Debtor	2 or non-	n-filing spouse			
	If you have more attach a separate information about	te page with	Employment status	■ Employed			☐ Emp	☐ Employed				
			Employment status	☐ Not employed			☐ Not	☐ Not employed				
	employers.		Occupation	disabled/unemployed								
	Include part-time, self-employed wo		Employer's name									
	Occupation may or homemaker, if		Employer's address									
			How long employed the	here?								
Pai	rt 2: Give De	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing to re	eport for	any	line, write \$0 in th	e space. Ir	nclude your noi	n-filing		
	ou or your non-filing e space, attach a s		ore than one employer, co	embine the information	n for all e	mplo	oyers for that pers	on on the	lines below. If	you need		
							For Debtor 1		ebtor 2 or ling spouse			
2.			ry, and commissions (becalculate what the month)		2.	\$	0.00	\$	N/A			
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A			
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	N/A			

Deb	tor 1	Sheila Williams	_		Case	e number (if known)	21-	-12960		
	Cor	by line 4 here	4.		Fo \$	r Debtor 1		or Debtor on-filing s		
	-	*	4.	•	Ψ_	0.00	. Ф.		IN/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions		a.	\$_	0.00	. \$		N/A	
	5b.	Mandatory contributions for retirement plans		b.	\$_	0.00	\$		N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans		c. d.	\$ _	0.00	\$ \$		N/A N/A	
	5u. 5e.	Insurance		u. e.	\$-	0.00	. Ψ.		N/A N/A	
	5f.	Domestic support obligations	51		\$	0.00			N/A	
	5g.	Union dues	5	g.	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	_ 51	h.+	\$_	0.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$		N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8:	a.	\$	0.00	\$		N/A	
	8b.	Interest and dividends		b.	\$-	0.00			N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		C.	\$	0.00	\$		N/A	
	8d.			d.	\$	0.00			N/A	
	8e.	Social Security	86	e.	\$	1,700.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	81		\$_	250.00	\$		N/A	
	8g.	Pension or retirement income	8		\$_	0.00	\$		N/A	
	8h.	Other monthly income. Specify: food stamps	_ 81	h.+	\$_	150.00	+ \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$_	2,100.00	\$		N/A	<u>\</u>
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,100.00 + \$		N/A	= \$	2,100.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		Σ,100.00	-	11//	┤ [¯] │	2,100.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep				•			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain lies							\$	2,100.00
13.	Do :	you expect an increase or decrease within the year after you file this form'	?						Combir monthly	ned y income
		Vee Fundain								

Schedule I: Your Income

page 2

Official Form 106I

Fill	in this information to identify your case:								
Deb	otor 1 Sheila Williams		Che	ck if this is:					
				An amended filing					
1	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:				
Unit	ted States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSYL</u>	LVANIA	MM / DD / YYYY						
	e number 21-12960								
O	fficial Form 106J								
S	chedule J: Your Expenses				12/1				
info	as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formber (if known). Answer every question.								
Par 1.	t 1: Describe Your Household Is this a joint case?								
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?								
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	or Separate Househ	old of Deb	tor 2.					
2.	Do you have dependents? ■ No								
	Do not list Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?				
	Do not state the dependents names.				□ No □ Yes				
	·				□ No				
					☐ Yes				
					□ No □ Yes				
	•				□ No				
•	D Include				☐ Yes				
3.	Do your expenses include expenses of people other than yourself and your dependents?								
Par	t 2: Estimate Your Ongoing Monthly Expenses								
exp	timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple blicable date.								
the	lude expenses paid for with non-cash government assistance if y value of such assistance and have included it on <i>Schedule I:</i> You find the such assistance and have included it on <i>Schedule I:</i> You			Your expe	enses				
(01	ficial Form 106I.)			Tour onp.					
4.	The rental or home ownership expenses for your residence. Including payments and any rent for the ground or lot.	lude first mortgage	4. \$	S	443.00				
	If not included in line 4:								
	4a. Real estate taxes		4a. \$	3	0.00				
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00				
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00				
5.	Additional mortgage payments for your residence, such as home	e equity loans	5.		0.00				

Debtor 1	Sheila Williams	Case num	ber (if known)	21-12960
6. Utiliti	es:			
6a.	Electricity, heat, natural gas	6a.	\$	137.00
6b.	Water, sewer, garbage collection	6b.	\$	91.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	80.00
6d.	Other. Specify:	6d.	\$	0.00
. Food	and housekeeping supplies		\$	250.00
Child	care and children's education costs	8.	\$	0.00
Cloth	ing, laundry, and dry cleaning	9.	\$	0.00
o. Perso	nal care products and services	10.	\$	50.00
	al and dental expenses	11.		0.00
2. Trans	portation. Include gas, maintenance, bus or train fare.		·	
	t include car payments.	12.	\$	30.00
3. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
1. Chari	table contributions and religious donations	14.	\$	0.00
5. Insur	ance.			
Do no	t include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	57.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	204.00
15d.	Other insurance. Specify:	15d.	\$	0.00
6. Taxe :	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Speci		16.	\$	0.00
7. Instal	Iment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		· -	
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
9. Othe i	payments you make to support others who do not live with you.		\$	0.00
Speci	y:	19.		
	real property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other	: Specify:	21.	+\$	0.00
				0.00
2. Calcu	late your monthly expenses			
	dd lines 4 through 21.		\$	1,342.00
22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	1,342.00
	, , ,			-,
	late your monthly net income.		•	_
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,100.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,342.00
23c.	Subtract your monthly expenses from your monthly income.	220	¢	758.00
	The result is your monthly net income.	23c.	\$	7 30.00
For ex	we expect an increase or decrease in your expenses within the year after your maple, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?			ease or decrease because of a
☐ Ye	s. Explain here:			